STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G593	A. BUILDING 00 B. WING	02/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	3142 62ND PL E HOBART, IN 46342

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000		W0000		

This visit was a post certification revisit (PCR) to the investigation of complaint #IN00098364 conducted on November 7, 2011.

This visit was in conjunction with the full annual recertification and state licensure survey.

This visit was in conjunction with the PCR to the PCR to the investigation of complaint #IN00091054.

Dates of Survey: January 23, 24, 26, 27 and February 2 and 3, 2012.

Facility number: 001107
Provider number: 15G593
AIM number: 100245570

Surveyor: Christine Colon, Medical Surveyor III/QMRP

The following federal deficiency also reflects state findings in accordance with 460 IAC 9.
Quality Review completed 2/29/12 by Ruth Shackelford, Medical Surveyor III.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, for 1 of 7 clients residing at the group home (client #7), the facility neglected to implement its abuse/neglect policy by assuring the client was not left in a vehicle unattended. Findings include: A review of the facility's records was conducted on 1/26/12 at 12:45 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) report dated 1/23/12 indicated the following: Incident report dated 1/23/12: "The Area Director pulled up at the gas station and noticed the individuals was (sic) in the car without staff present." This incident occurred during day program hours. A review of client #7's record was conducted on 1/24/12 at 10:30 A.M.. Review of client #7's Individual Support Plan (ISP) dated 6/10/11 indicated he required 24 hour supervision. A review of the facility's "Abuse, Neglect and Exploitation", no date noted, was	W0149	The governing body is committed to provide health and safety to all the clients that we serve. The facility will continue to implement the use of our abuse/neglect policy. The direct support staff have been retrained on the abuse/neglect policy as well as the appropriate supervision level for client #7. The Program Director and Home Manager will complete a monthly observation at the day service facility to make sure th indiviuals health and safety is being adhered to. In addition to the Program Director will review all monthly documentation from days service and address any incidents as needed.Responsible party: Area Director	03/12/2012

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	conducted on 1/26/12 at 1:00 P.M.. Review of the facility's policy indicated: "We are paid to ensure the individuals we serve are kept safe at all times. The people we serve also have the right to be free of abuse, neglect and exploitation. We serve a group of individuals considered endangered adults...Neglect: Failing to provide good care that is needed for a person's physical and/or mental health to the extent that his or her well being is impaired or threatened. Neglect includes the failure to act responsibly to provide proper food, enough food, clothing, shelter, health care, supervision or protection from physical and social danger." An interview with the facility's Day Program Supervisor (DPS) was conducted on 2/3/12 at 2:00 P.M.. The DPS indicated the staff left the client in the car unattended/unsupervised while she went into the gas station. The DPS further indicated the facility's abuse neglect policy should be followed at all times. This deficiency was cited on 11/7/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			

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